Health, Welfare Public Service

300

1-57

FILED DEC 19 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

46382 STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11963

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St. Louis — Inside Limits Yes ☐ No ☐	c. CITY OR TOWN St. Louis — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 3952 Maffitt — Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 3952 Maffitt — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Katie Middle: Last: Terrell	4. DATE OF DEATH Month: Dec. Day: 12 Year: 1957

5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH 16 Mar. 1912	9. AGE (In years last birthday) 45 — IF UNDER 1 YEAR Months / Days — IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (City and state or country) Miss.	12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME Allen Mathews	13b. MOTHER'S MAIDEN NAME Unk	14. NAME OF HUSBAND OR WIFE Leonard Terrell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO.	17. INFORMANT Leonard Terrell Address 3952 Maffitt

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial Infarction
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic Ht. Disease
DUE TO (c) Coronary Atherosclerosis
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Valvular Ht. Disease

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 420.0

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 19 June 57, to 12/12/57, and last saw her alive on 12/7/57. Death occurred at 5:30 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] Kuemer, MD. 22b. ADDRESS 1185 S. Grand. 22c. DATE SIGNED 12/13/57

23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 14 Dec. 1957	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State) Clarksdale Mississippi

24. FUNERAL DIRECTOR ADDRESS Reliable Funeral Sys. 1389 N. UNion	25. DATE RECD. BY LOCAL REG. DEC 13 57	26. REGISTRAR'S SIGNATURE J Carl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed John K. Cunningham

Licensed Embalmer No. 4496

P. O. Address 2405 Main

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.